FEC FORM 3X

2016 - 02 - 09 - 0M - 00049426

FE7AN014

REPORT OF RECEIPTS **AND DISBURSEMENTS**

RECEIVED FEC MAIL CENTER

		or Other Than	An Authorize	ea Commi	itee	_	71116 Office Us		8: 59
1. NAME OF COMMITTEE		TYPE OR PRINT		xample: If typer the lines.	ping, type	12FE	4M5		
NWG A V	IOTES	GOP	1 1 1 1		<u> </u>	1 1 1	<u>11421.17.4</u>	<u></u>	
		<u> </u>			 	1 1 1 1	<u></u>	
ADDRESS (numb	per and street)	1,00,50	41,T,H, S	TPEE	T, NE				
▼	if different		1 1 1 1	· <u> </u>	<u> </u>				
than pre	eviously	POME.				GA	13,0,1,	611-	لىيا
2. FEC IDENT	TIFICATION NU	MBER ▼	CITY ▲			STATE A		ZIP COI	DE 🛦
C0.0	5899	7'4	3. IS THIS	[Z	NEW	П	AMENDED		
00.	<u> </u>	<u> </u>	REPOR	T L	(N) OR		(A)		
4. TYPE OF (Choose One		(b) Monthly Report	Feb 20 (M	2)	May 20 (M5)		Aug 20 (M8)		Nov 20 (M11) (Non-Election
·	y Reports:	Due On:	Mar 20 (M	3)	Jun 20 (M6)		Sep 20 (M9)		Year Only) Dec 20 (M12) (Non-Election
			Apr 20 (M4	4)	Jul 20 (M7)	$\overline{\Box}$	Oct 20 (M10)	П	Year Only) Jan 31 (YE)
	ril 15 arterly Report (Q	1) (c) 12-Day		Primary (1	2P)	Gen	eral (12G)	П	Runoff (12R)
	y 15 arterly Report (Qa	PRE-E Report	lection for the:	Convention	n (12C)	Spe	cial (12S)	_	
	tober 15 arterly Report (Q3	3)	-		/ 			in the	
	nuary 31 ar-End Report (YE	E)	Election on					State o	
Jul Re	y 31 Mid-Year port (Non-election ar Only) (MY)	POST-	Election for the:	General (3	0G)	Run	off (30R)		Special (30S)
Ter (TE	rmination Report ER)		Election on	[M	/ 6 6 /	V • V • V		in the State o	
5. Covering Pe	eriod Ö Q	1011	2015	through	12	1 3	20	ìš	
I certify that I ha Type or Print Na		s Report and to the	ne best of my kn 4. POUNC		d belief it is tr	ue, correc	t and complet	te.	
· ·	ine or freasurer		<u> </u>						
Signature of Trea	asurer <u> </u>	Yaran U	your a			Date	01/2	& '	2016
NOTE: Submission	n of false, errone	ous, or incomplete	information may	subject the po	erson signing t	his Report	to the penaltic	es of 52	U.S.C. § 30109
Office Use						[FOR lev. 12/20	
Only							- 1 ''		

2016 · 02 · 09 · 08 · 00049427

O FEC Form 3X (Rev. 02/2003)	SUMMARY PAGE F RECEIPTS AND DISBURSEMENTS	
Write or Type Committee Name NWGH VOTES GOP		
Report Covering the Period: From: $\mathcal{O}^{\mathcal{O}}$	7 0 0 20 15 To	b: 12/31/2018
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, ZOIO		
(b) Cash on Hand at Beginning of Reporting Period	0.00	
(c) Total Receipts (from Line 19)	25,00	
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	25,00	
7. Total Disbursements (from Line 31)	0	
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	2500	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0	
Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\mathcal{O}	
This committee has qualified as a multicar	ndidate committee. (see FEC FORM 1M)	

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

20-6 - 02 - 09 - 0M - 00049420

DETAILED SUMMARY PAGE

of Receipts

Page 3

FEC Form 3X (Rev. 06/2004)

	Vrite or Type Committee Name		
	NWGA VOTES GOP		
_	Report Covering the Period: From:	' 0 1 ' 2.0.15 To:	72/31/2015
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From:		
	(a) Individuals/Persons Other		
	Than Political Committees	(2)	
	(i) Itemized (use Schedule A)		
	(ii) Unitemized	0	
	(iii) TOTAL (add		
	Lines 11(a)(i) and (ii)▶	\mathcal{O}	
	(b) Political Party Committees		
	(c) Other Political Committees (such as PACs)	\mathcal{O}	
	(d) Total Contributions (add Lines		7
	11(a)(iii), (b), and (c)) (Carry		
	Totals to Line 33, page 5)		
12.	Transfers From Affiliated/Other		
	Party Committees	O	(2)
13,	All Loans Received		77
		0	
	Loan Repayments Received		
15,	Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
	(Carry Totals to Line 37, page 5)	וט	
16.	Refunds of Contributions Made	7)	
	to Federal Candidates and Other		
	Political Committees	0	
17.	Other Federal Receipts	.11	
40	(Dividends, Interest, etc.)		
18.	Transfers from Non-Federal and Levin Funds (a) Non-Federal Account		
	(from Schedule H3)	\mathcal{O}	
	(iieiii sanadas 110)		7)
	(b) Levin Funds (from Schedule H5)	0	
	(b) Levin r ands (non senedals ris)	7)	- 17) - 17) - 17)
	(c) Total Transfers (add 18(a) and 18(b))	\mathcal{U}	
	land		
19.	Total Receipts (add Lines 11(d),		
	12, 13, 14, 15, 16, 17, and 18(c))▶		
20.	Total Federal Receipts		
	(subtract Line 18(c) from Line 19)▶		

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DETAILED SUMMARY PAGE

of Disbursements

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Page 4

21. Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4) (i) Federal Share	ar-to-Date
(ii) Non-Federal Share	473 L 473 L
(b) Other Federal Oracution	77-1-1-27-1
(b) Other Federal Operating	77
Expenditures ${\cal U}$	
(c) Total Operating Expenditures	*************************************
(add 21(a)(i), (a)(ii), and (b))▶	
22. Transfers to Affiliated/Other Party	, , , , , , , , , , , , , , , , , , ,
Committees	
Federal Candidates/Committees and Other Political Committees	
24. Independent Expenditures	
(use Schedule E)	
(52 U.S.C. § 30116(d)) (use Schedule F)	
	~ 1 1 ~ 1 1 1
26. Loan Repayments Made	
27. Loans Made	<i></i>
28. Refunds of Contributions To: (a) Individuals/Persons Other	
Than Political Committees \mathcal{O}	0
	T T T T
(b) Political Party Committees	
(c) Other Political Committees	4 4 4 4
(such as PACs)	
(d) Total Contribution Refunds	- , , , , , , , , , , , , , , , , , , ,
(add Lines 28(a), (b), and (c))	
	
29. Other Disbursements	
30. Federal Election Activity (52 U.S.C. § 30101(20))	
(a) Allocated Federal Election Activity	
(from Schedule H6)	
(i) Federal Share	57 <u>. 47</u> .
	
(ii) "Levin" Share	
(b) Federal Election Activity Paid Entirely	
With Federal Funds	
(c) Total Federal Election Activity (add	
Lines 30(a)(i), 30(a)(ii) and 30(b))▶	77-1-1-1
31. Total Disbursements (add Lines 21(c), 22,	<u> </u>
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	
32. Total Federal Disbursements	
(subtract Line 21(a)(ii) and Line 30(a)(ii)	
from Line 31)	372

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	0	73
4. Total Contribution Refunds (from Line 28(d))	0	
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0	
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0	
7. Offsets to Operating Expenditures (from Line 15, page 3)	0	
8. Net Operating Expenditures (subtract Line 37 from Line 36)	0	

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<u>0</u>
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SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	;	

ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE OF (check only one) 11a 11b 11c 12 13 14 15 16 17		
Any information copied from such Reports and Statements r or for commercial purposes, other than using the name and NAME OF COMMITTEE (In Full) WWGA VOTES GOP	may not be sold or used by any pel address of any political committee	erson for the purpose of soliciting contributions		
Full Name (Last, First, Middle Initial) A. MARCUS A POUNCEX Mailing Address 100 SMITH STREET NE City City FEC ID number of contributing federal political committee. Name of Employer Cocupation Cocupation	zip Sode 3016 0 SB 9 9 7 8 on te Year-to-Date ▼	Amount of Each Receipt this Period ** MNE AS OF THIS DATE.		
Full Name (Last, First, Middle Initial) B. Mailing Address City State FEC ID number of contributing federal political committee. Name of Employer Occupation Receipt For: Primary General Other (specify) Other (specify)	Zip Code on te Year-to-Date ▼	Date of Receipt M M / D D / Y Y Y Y Amount of Each Receipt this Period		
Full Name (Last, First, Middle Initial) C. Mailing Address City State FEC ID number of contributing federal political committee. Name of Employer Occupation Receipt For: Primary General Other (specify) Other (specify)	Zip Code on te Year-to-Date ▼	Amount of Each Receipt this Period		
SUBTOTAL of Receipts This Page (optional)	•			

6 6
<u>0</u>
<u>0</u>
<u>0</u> 3
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SCHEDULE B (FFC Form 3X)

ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE OF (check only one)
Any information copied from such Reports and Stater	nents may not be sold or used	d by any person for the purpose of soliciting contributions
or for commercial purposes, other than using the name		al committee to solicit contributions from such committee.
NAME OF COMMITTEE (IN FUII) NWGA VOTES GOP		
Full Name (Last, First, Middle Initial) A. A. A. A. C. C. M. O. A. A. C. M. O. A. C. M. O. A. C. M. O. A. A. C. M. O. A. C. M. O. A. C. M. O. A. A. C. M. O. A. A. C. M. O. C. M. O. A. C. M. O. A. C. M. O. C. M. O. A. C. M. O. C. M. O. A. C. M. O. C		Date of Disbursement
A. MARCUS A. POUNCEY		M M / D D / Y Y Y Y
Mailing Address 100 SMITH STREET NE		
	State Zip Code 3661	
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name	L	Category/ Type D O O
Office Sought: House Disburser		
Senate	Primary General Other (specify) ▼	NONE AS OF THIS DATE.
State: District:		7615 0012
Full Name (Last, First, Middle Initial) B.		Date of Disbursement
Mailing Address		
City	State Zip Code	
Purpose of Disbursement		
Candidate Name		Category/ Type Amount of Each Disbursement this Period
Office Sought: House Disburser	nent For:	туре
Senate President	Primary	
State: District:	Cariot (Speedily)	
Full Name (Last, First, Middle Initial)		Date / Distance
C.		Date of Disbursement
Mailing Address		
City	State Zip Code	
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		Category/ Type
Office Sought: House Disburser		7)
Senate President	Primary	
State: District:	 	
SUBTOTAL of Disbursements This Page (optional)		
TOTAL This Period (last page this line number only)	· · · · · · · · · · · · · · · · · · ·	

HEDULE C (FEC F Ans	<u> </u>		Use separate schedule	
			for each category of the Detailed Summary Pag	
NWGA VOTES G			· advance.	
LOAN SOURCE Full Name		ddle Initial)		Election:
NONE.				Primary
Mailing Address			<u></u>	General Other (specify)
City		State ZI	P Code	
Original Amount of Loan	,	Cumulative Payme	nt To Date Bala	ance Outstanding at Close of This F
TERMS				
Date Incurred		Date	Due Interest Rate	e Secured:
		M - M - / D - D - /		% (apr) Yes
List All Endorsors or Cuero	ntoro (if any) t	a Loop Course		
List All Endorsers or Guara 1. Full Name (Last, First, M		Loan Source	Name of Employer	
Tun rame (East, First, II	nadio initaly		Trains of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed	
	0.2.0		Outstanding:	4)
2. Full Name (Last, First, Mi	ddle Initial)		Name of Employer	
Mailing Address		<u></u>	Occupation	
			·	
	21-1-	710.0-4-	Amount	- x - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7
City	State	ZIP Code	Guaranteed Outstanding:	
3. Full Name (Last, First, Mi	ddle Initial)		Name of Employer	
Mailing Address		•	Occupation	
	•		Amount	
City	State	ZIP Code	Guaranteed Outstanding:	
4. Full Name (Last, First, Mi	ddle Initial)		Name of Employer	
TO THE THE TENTE TO THE TENTE T	adic ililiai,		Mario of Employer	
Mailing Address			Occupation	
			A	
City	State	ZIP Code	Amount Guaranteed	
,			Outstanding:	

<u> </u>				•
IRTOTALS This Davied This	Page (entianell		, г	· · · · · · · · · · · · · · · · · · ·
BTOTALS This Period This	Page (optional).		<u> </u>	

SCHEDULE C-1	(FEC Form 3X)	
LOANS AND LINE	S OF CREDIT	FROM LENDING	INSTITUTIONS

Supplementary for Information found on Page of Schedule C

Federal Election Commission, Washington, D.C. 20463		Page of Schedule C
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER
NWGA VOTES GOP	·	CU0589978
LENDING INSTITUTION (LENDER)	Amount of Loan	Interest Rate (APR)
Full Name NOVE.		%
Mailing Address	Date Incurred or Established	M • M / 5 • 6 / Y • Y • Y
City State Zip Code	Date Due	
A. Has loan been restructured? No Yes	If yes, date originally incurre	d MTM / DTB / YTYTY
B. If line of credit, Amount of this Draw:	Total Outstanding Balance:	
C. Are other parties secondarily liable for the debt in No Yes (Endorsers and guaranto	incurred? ors must be reported on Schedule C.	
D. Are any of the following pledged as collateral for property, goods, negotiable instruments, certificat stocks, accounts receivable, cash on deposit, or No Yes If yes, specify:	es of deposit, chattel papers, other similar traditional collateral?	What is the value of this collateral? Does the lender have a perfected security
		interest in it? No Yes
E. Are any future contributions or future receipts of collateral for the loan? No Yes If y	yes, specify:	What is the estimated value?
A depository account must be established pursua to 11 CFR 100.82(e)(2) and 100.142(e)(2).		
Date account established:	Address:	
M	City, State, Zip:	
F. If neither of the types of collateral described above the loan amount, state the basis upon which this		
G. COMMITTEE TREASURER Typed Name Signature Waran L. Yan	(may)	DATE / Y Y Y Y Y
H. Attach a signed dopy of the loan agreement.		
TO BE SIGNED BY THE LENDING INSTITUTION. To the best of this institution's knowledge, the are accurate as stated above. The loan was made on terms and conditions similar extensions of credit to other borrower. This institution is aware of the requirement complied with the requirements set forth at	the terms of the loan and other informs (including interest rate) no more facers of comparable credit worthiness. that a loan must be made on a bas	avorable at the time than those imposed for is which assures repayment, and has
AUTHORIZED REPRESENTATIVE Typed Name MAJOUS A. POUNCEY		DATE
Signature Waran (Jourced)	Title Treasurer	28 2016

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SCHEDULE D (FEC Form 3X)		(Use separate	PAGE OF
DEBTS AND OBLIGATIONS		schedule(s)	FOR LINE NUMBER:
Excluding Loans		for each numbered line)	(check only one) 9
NAME OF COMMITTEE (In Full)			· · · · · · · · · · · · · · · · · · ·
MNGA VOTES GOP			
A. Full Name (Last, First, Middle Initial) of Debtor or Cre	ditor	Nature of D	ebt (Purpose):
# POUNCEY, MAPCUS, A.			-
Mailing Address (a) SMITH STREET NE		- NOV	VE AS OF
City State Zip	Code	— 1.	HIS DATE.
ROME GA 30	716 1		
Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
	473-1-473-1-473	ــا لـــ	0.4.4.7.4.
B. Full Name (Last, First, Middle Initial) of Debtor or Cred	litor	Nature of D	ebt (Purpose):
Mailing Address			
City State Zip	Code		·
City State Zip	Code		
Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
C. Full Name (Leat First Middle Initial) of Debter or Cre	ditor	Mature of F	Ocht (Rumana)
C. Full Name (Last, First, Middle Initial) of Debtor or Cre	editor	Nature of L	Debt (Purpose):
Mailing Address		<u></u>	
Mailing Address			
City State	e Zip Code		
Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
4) CURTOTAL C This Deviced This Deve (autism)			
1) SUBTOTALS This Period This Page (optional)		<u> </u>	<u> </u>
2) TOTALS This Period (last page this line number only)		·· 	17
3) TOTAL OUTSTANDING LOANS from Schedule C (last p	page only)	>	0.00
4) ADD 2) and 3) and carry forward to appropriate line of S	Summany Page (lost need on		000
4) ADD 2) and 3) and carry forward to appropriate line of S	ounimary rage (last page on	·y/ -	<u> </u>

SCHEDULE E (FEC Form 3X)	
ITEMIZED INDEPENDENT EXPENDITURES	PAGE OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
NWGA VOTES GOP	C00589978
Check if 24-hour report 48-hour report New report Amends report	ort filed on
Full Name of Payee	Date of Public Distribution/Dissemination
Mailing Address	
	Amount
City State Zip Code	
Purpose of Expenditure	Date of Disbursement or Obligation
Category/ Type	
Name of Federal Candidate . Support	Office Sought: House District:
Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
	M M , D D , Y 4 Y 4 Y 4 Y
Mailing Address	Amount
City State Zip Code	
	Date (Dich assessment of Chilington
Purpose of Expenditure Category/	Date of Disbursement or Obligation
Туре	<u>- </u>
Name of Federal Candidate Support	Office Sought: House District:
Oppose	President Senate State: Disbursement For: Primary General
Calendar Year-To-Date Per Election for Office Sought	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	> 0_00
(b) SUBTOTAL of Unitemized Independent Expenditures	··· > 0 00
(c) TOTAL Independent Expenditures	0.00
Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent party committee) any political party committee or its agent.	
Signature Date	e 01 28 2016

SCHEDULE F (FEC Form 3X)

ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S) ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE PAGE OF FOR LINE 25 OF FORM 3X (To be used only by Political Committees in the General Election) NAME OF COMMITTEE (In Full) Check if NWGA VOTES GOP 24-hour notice Has your committee been designated to make Full Name of Subordinate Committee coordinated expenditures by a political party committee? YES **V** NO If YES, name the designating committee: Mailing Address City State ZIP Code Full Name (Last, First, Middle Initial) of Each Payee Purpose of Expenditure NONE. Category/ Mailing Address Type City State Zip Code Name of Federal Candidate Supported Office Sought: House State: Amount Senate District: Presidential Aggregate General Election Expenditure for this Candidate > Full Name (Last, First, Middle Initial) of Each Payee Purpose of Expenditure Category/ Mailing Address Type Date City Zip Code State Name of Federal Candidate Supported Office Sought: House State: Amount Senate District: Presidential Aggregate General Election Expenditure for this Candidate > Full Name (Last, First, Middle Initial) of Each Payee Purpose of Expenditure Category/ Mailing Address Type Date City State Zip Code Name of Federal Candidate Supported Office Sought: House State: **Amount** Senate District: Presidential Aggregate General Election Expenditure for this Candidate SUBTOTAL of Expenditures This Page (optional)..... TOTAL This Period (last page this line number only).....

SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR:

- ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS
- ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)
- ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Full)
NWGA VOTES GOP
USE ONLY ONE SECTION, A or B
A. State and Local Party Committees
Fixed Percentage (select one)
Presidential-Only Election Year (28% Federal)
Presidential and Senate Election Year (36% Federal)
Senate-Only Election Year (21% Federal)
Non-Presidential and Non-Senate Election Year (15% Federal)
B. Separate Segregated Funds and Nonconnected Committees
Flat Minimum Federal Percentage
If the committee will allocate using the flat minimum percentage of 50% federal funds, check or
If the committee is spending more than 50% federal funds, indicate ratio below
Federal%
Nonfederal%
This ratio applies to (check all that apply):
Administrative Generic Voter Drive Public Communications Referencing Party Only

2016 -
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SCHEDULE H2 (FEC Form 3X)	PAGE OF
ALLOCATION RATIOS	PAGE OF
NAME OF COMMITTEE (In Full) NWGA VOTES GOP	
RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.	
Methods of allocation:	
 FUNDRAISING activities are allocated using the "funds received method" where the federal pro- expenses must equal the federal proportion of monies raised. 	portion of
II. Shared DIRECT CANDIDATE SUPPORT activities are allocated according to benefit expected where the federal proportion of disbursements is based on the benefit derived by federal canditivity. For PACs Only : Direct candidate support includes public communications or voter drives federal and nonfederal candidates, regardless of whether there is a reference to a political para are allocated using a time/space method.	idates from the ac- that refer to both
ACTIVITY OR EVENT IDENTIFIER NONE AS OF TODAY . FEDERAL %	NONFEDERAL %
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	%
ACTIVITY OR EVENT IDENTIFIER MONE AS OF TODAY FEDERAL %	NONFEDERAL %
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	%
ACTIVITY OR EVENT IDENTIFIER NONE AS OF TODAY FEDERAL %	NONFEDERAL %
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	%
ACTIVITY OR EVENT IDENTIFIER NONEAS OF TODAY FEDERAL %	NONFEDERAL %
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	%
ACTIVITY OR EVENT IDENTIFIER NONE AS OF TWAY FEDERAL %	NONFEDERAL %
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	%
ACTIVITY OR EVENT IDENTIFIER WONE AS OF TOTAY FEDERAL %	NONFEDERAL %
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS:	%
New Revised Same as Previously Reported	

2046 - 02 - 09 - 05 - 00049440

SCHEDULE H3 (FEC Form 3X) TRANSFERS FROM NONFEDERAL ACCOUNTS FOR ALLOCATED FEDERAL / NONFEDERAL ACTIVITY

PAGE	OF
FOR LIN	E 18a OF FORM 3X

	OF COMMITTEE (In Full)		
NWG	FA VOTES GOP		
	E OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
Nu	UGA VOTES GOR		000
BRE	AKDOWN OF TRANSFER RECEIVED		
i)	Total Administrative		
ii)	Generic Voter Drive		
iii)	Exempt Activities		
iv)	Direct Fundraising (List Activity or Event Idea	ntifier)	
			_
	a)		1
			- 1
	b)		j
	c) Total Amount Transferred For Direct Fundra	nisina	
V)	Direct Candidate Support (List Activity or Ev	ent Identifier)	
	a)]
			-
	b)		.
	c) Total Amount Transferred For Direct Candic	late Support	
ļ			
vi)	Public Communications Referring Only to	Party (Made by PAC)	
	TOTALS FO	OR BREAKDOWN OF TRANSFER RECEIVE	ED .
			
TOTAL	This Period (Administrative)		
TOTAL	This Period (Generic Voter Drive)		
	This is the Carlotte voter brive,		
TOTAL	This Period (Exempt Activities)		
			· · · · · · · · · · · · · · · · · · ·
TOTAL	This Period (Direct Fundraising)		
			~ ~ ~ ~ ~ ~ ~ ~
IOTAL	This Period (Direct Candidate Support)		
TOTAL	This Period (Public Communications Referring	Only to Party)	
	· ····································		
TOTAL	This Period (Total Amount Transferred)		0,00

2046 : 02 : 09 : 08 : 00049444

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE	OF
FOR LINE	21a OF FORM 3X

1	NME OF COMMITTEE (IN FUII) UUGA VOTES GOP			
A.	Full Name (Last, First, Middle Initial) POUNCEY MARCUS			Allocated Activity or Event: Administrative Fundraising Exempt
	Mailing Address 100 SMITH STREET NE			Voter Drive Direct Candidate Support
	City Sand		p Code	Public Comm (ref to party only) by PAC
	Purpose of Disbursement: NONE AS		3016 \ DASE	Allocated Activity or Event Year-To-Date
	Activity or Event Identifier:	- (1117		
	,		Category/ Type	Date Y Y Y Y Y Y
	FEDERAL SHARE +	NONF	EDERAL SHARE	= TOTAL AMOUNT
		4 47	/»	
В.	Full Name (Last, First, Middle Initial)			Allocated Activity or Event:
	Mailing Address			Administrative Fundraising Exempt Voter Drive Direct Candidate Support
	City	State Z	p Code	Public Comm (ref to party only) by PAC
	Purpose of Disbursement:		 	Allocated Activity or Event Year-To-Date
	Activity or Event Identifier:			
			Category/ Type	Date Date
	FEDERAL SHARE +	NON	EDERAL SHARE	= TOTAL AMOUNT
	FEDERAL SHARE +	NONE	EDERAL SHARE	= TOTAL AMOUNT
<u>c.</u>	FEDERAL SHARE +	NONE	EDERAL SHARE	Allocated Activity or Event:
c.		NONE	EDERAL SHARE	Allocated Activity or Event: Administrative Fundraising Exempt
	Full Name (Last, First, Middle Initial) Mailing Address	72	47	Allocated Activity or Event: Administrative Fundraising Exempt Voter Drive Direct Candidate Support
	Full Name (Last, First, Middle Initial) Mailing Address City	72	p Code	Allocated Activity or Event: Administrative Fundraising Exempt
	Full Name (Last, First, Middle Initial) Mailing Address	72	47	Allocated Activity or Event: Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC
	Full Name (Last, First, Middle Initial) Mailing Address City	72	p Code	Allocated Activity or Event: Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date
	Full Name (Last, First, Middle Initial) Mailing Address City Purpose of Disbursement:	72	47	Allocated Activity or Event: Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date
	Full Name (Last, First, Middle Initial) Mailing Address City Purpose of Disbursement:	State Zi	p Code Category/	Allocated Activity or Event: Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date
	Full Name (Last, First, Middle Initial) Mailing Address City Purpose of Disbursement: Activity or Event Identifier:	State Zi	p Code Category/ Type	Allocated Activity or Event: Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date
	Full Name (Last, First, Middle Initial) Mailing Address City Purpose of Disbursement: Activity or Event Identifier:	State Zi	p Code Category/ Type	Allocated Activity or Event: Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date
	Full Name (Last, First, Middle Initial) Mailing Address City Purpose of Disbursement: Activity or Event Identifier:	State Zi	p Code Category/ Type	Allocated Activity or Event: Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date
su	Full Name (Last, First, Middle Initial) Mailing Address City Purpose of Disbursement: Activity or Event Identifier: FEDERAL SHARE + JBTOTAL of Allocated Federal and NonFederal Activity and FEDERAL SHARE +	NONF NONF	Category/ Type EDERAL SHARE	Allocated Activity or Event: Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date TOTAL AMOUNT TOTAL AMOUNT
su	Full Name (Last, First, Middle Initial) Mailing Address City Purpose of Disbursement: Activity or Event Identifier: FEDERAL SHARE + DIATAL Of Allocated Federal and NonFederal Activity of Experience of Epiperal Share + DIAL This Period (last page for each line only)(Federal Share)	NONF tivity This Page NONF	Category/ Type EDERAL SHARE EDERAL SHARE	Allocated Activity or Event: Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date TOTAL AMOUNT TOTAL AMOUNT share to 21(a)(ii))
su	Full Name (Last, First, Middle Initial) Mailing Address City Purpose of Disbursement: Activity or Event Identifier: FEDERAL SHARE + JBTOTAL of Allocated Federal and NonFederal Activity and FEDERAL SHARE +	NONF tivity This Page NONF	Category/ Type EDERAL SHARE	Allocated Activity or Event: Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date TOTAL AMOUNT TOTAL AMOUNT

SCHEDULE H5 (FEC Form 3X)

TRANSFERS OF LEVIN FUNDS RECEIVED FOR **ALLOCATED FEDERAL ELECTION ACTIVITY**

(To be used by State, District and Local Party Committees Only)

PAGE OF FORM 3X
MOUNT TRANSFERRED
]
CAMPAIGN ACTIVITY
MOUNT TRANSFERRED
CAMPAIGN ACTIVITY

NAME OF COMMITTEE (In Full)			
NWGA VOTES GOP			
NAME OF ACCOUNT DATE OF	RECEIPT TOTAL AMOUNT TRANSFERRED		
NWGA VOTES GOR			
BREAKDOWN OF THIS TRANSFER	•		
i) Voter Registration	VOTER REGISTRATION		
Total Amount Transferred for Voter Registration			
ii) Voter ID	VOTER ID		
Total Amount Transferred for Voter ID			
:::) COTV	GOTV		
iii) GOTV Total Amount Transferred for GOTV			
	GENERIC CAMPAIGN ACTIVITY		
iv) Generic Campaign Activity			
Total Amount Transferred for Generic Campaign	n Activity		
NAME OF ACCOUNT DATE OF	RECEIPT TOTAL AMOUNT TRANSFERRED		
- Frankling	, 		
BREAKDOWN OF THIS TRANSFER			
i) Voter Registration	VOTER REGISTRATION		
Total Amount Transferred for Voter Registration	1		
	VOTER ID		
ii) Voter ID Total Amount Transferred for Voter ID			
iotal Amount Transferred for Voter 12			
iii) GOTV	GOTV		
Total Amount Transferred for GOTV			
iv) Generic Campaign Activity	GENERIC CAMPAIGN ACTIVITY		
Total Amount Transferred for Generic Campaig	n Activity		
TOTALS FOR BREAKDOWN	OF TRANSFER RECEIVED (Last Page Only)		
TOTAL This Period (Voter Registration)			
·			
TOTAL This Period (Voter ID)			
			
TOTAL This Period (GOTV)			
TOTAL This Desired (Conselle Conselle A 44 41)			
TOTAL This Period (Generic Campaign Activity)			
TOTAL This Devied /Tetal Assessment of Transfers Description	A AA		
TOTAL This Period (Total Amount of Transfers Receiv	(eq)		
<u> </u>			

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SCHEDULE H6 (FEC Form 3X) DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS FOR ALLOCATED FEDERAL ELECTION ACTIVITY

(To be used by State, District and Local Party Committees Only)

PAGE OF
FOR LINE 30a OF FORM 3X

11116-1 110000 000	
NWGA VOTES GOP	·
A. Full Name (Last, First, Middle Initial) / Full Organization Name	Type of Allocated Activity or Event:
POUNCEX, MARCUS, A	Voter Registration GOTV Voter ID Generic Campaign
Mailing Address	Allocated Activity or Event Year-To-Date
100 SMITH STREET NE	
FOME State Zip Code 30161	9
Purpose of Disbursement NONE AS OF THIS DATE Category/ Type	Date M M / D B / Y Y Y Y
FEDERAL SHARE + LEVIN SHARE	= TOTAL AMOUNT
B. Full Name (Last, First, Middle Initial) / Full Organization Name	Type of Allocated Activity or Event:
	Voter Registration GOTV Voter ID Generic Campaign
Mailing Address	Allocated Activity or Event Year-To-Date
City State Zip Code	
Purpose of Disbursement Category/ Type	Date , Date
FEDERAL SHARE + LEVIN SHARE	= TOTAL AMOUNT
C. Full Name (Last, First, Middle Initial) / Full Organization Name	Type of Allocated Activity or Event:
, , , , , , , , , , , , , , , , , , , ,	Voter Registration GOTV
	Voter ID Generic Campaign
Mailing Address	
	Voter ID Generic Campaign
Mailing Address City State Zip Code	Voter ID Generic Campaign
	Voter ID Generic Campaign
City State Zip Code Purpose of Disbursement Category/	Allocated Activity or Event Year-To-Date
City State Zip Code Purpose of Disbursement Category/ Type	Allocated Activity or Event Year-To-Date Date Generic Campaign
City State Zip Code Purpose of Disbursement Category/ Type FEDERAL SHARE + LEVIN SHARE	Allocated Activity or Event Year-To-Date Date Generic Campaign
City State Zip Code Purpose of Disbursement Category/ Type	Allocated Activity or Event Year-To-Date Date Generic Campaign
City State Zip Code Purpose of Disbursement Category/ Type FEDERAL SHARE + LEVIN SHARE SUBTOTAL of Shared Federal and Levin Activity This Page	Allocated Activity or Event Year-To-Date Date TOTAL AMOUNT
City State Zip Code Purpose of Disbursement Category/ Type FEDERAL SHARE + LEVIN SHARE SUBTOTAL of Shared Federal and Levin Activity This Page	Allocated Activity or Event Year-To-Date Date TOTAL AMOUNT TOTAL AMOUNT
City State Zip Code Purpose of Disbursement Category/ Type FEDERAL SHARE + LEVIN SHARE SUBTOTAL of Shared Federal and Levin Activity This Page FEDERAL SHARE + LEVIN SHARE TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to	Allocated Activity or Event Year-To-Date Date TOTAL AMOUNT TOTAL AMOUNT

SCHEDULE L (FEC Form 3X)

AGGREGATION PAGE: LEVIN FUNDS

NAM	E OF COMMITTEE (In Full)		
N	WGA VOTES GOP		
NAM	E OF ACCOUNT WGVA VOTES CTOP		
		COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1.	RECEIPTS FROM PERSONS (a) Itemized(Use Schedule L-A)	NONE	NONE
	(b) Unitemized	(5)	0 0
	(c) Total		, j
2.	OTHER RECEIPTS		45) 45)
3.	TOTAL RECEIPTS(Add Lines 1c and 2)	25,00	25,00
4.	TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)		
	(a) Voter Registration		0
	(b) Voter ID		()
	(c) GOTV		
	(d) Generic Campaign		0 0
	(e) Total		
5.	OTHER DISBURSEMENTS		
6.	TOTAL DISBURSEMENTS		
7.	BEGINNING CASH ON HAND(for Column B, use cash as of January 1st)		
8.	RECEIPTS(from Line 3)		5) 10
9.	SUBTOTAL(Add Lines 7 and 8)	. 25,00	25,00
10.	DISBURSEMENTS(From Line 6)		
11.	ENDING CASH ON HAND(Subtract Line 10 From Line 9)	25.00	25,00

2016:02:09:0M:00049445

SCHEDULE L-A (FEC Form 3X) ITEMIZED RECEIPTS OF LEVIN FUNDS

Use separate schedule(s) for each category of the Aggregation Page

FOR LINE NUMBER: (check only one)

1a		2

OF

PAGE

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or	for commercial purposes, other than using the name	and address of ar	ny political committee t	o solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
\rangle	NUGA VOTES GOP			
	Full Name (Last, First, Middle Initial) / Full Organization	on Name		Date of Receipt
Α.	POUNCEY, MARCUS, A			09 29 2015
	Mailing Address 100 SMITH STREET WE			
			7:- 0-1-	Amount of Each Receipt this Period
	City ROME	State GA	Zip Code 30161	2500
	Name of Employer or Principal Place of Business	411	2001	
				Aggregate Year-to-Date
	Occupation			2500
_	Full Name (Last, First, Middle Initial) / Full Organization	on Name		Date of Receipt
В.				Mam / Dag / Astadat
	Mailing Address		 	 Laul Laul Laurul
	·			Amount of Each Receipt this Period
	City	State	Zip Code	Tanodak of Edolf (1999)
	Name of Employer or Principal Place of Business			Aggregate Veer to Date
	Occupation			Aggregate Year-to-Date
	Сопринен			
	Full Name (Last, First, Middle Initial) / Full Organization	on Name		Date of Receipt
C.				Wawa / Dad / Aakakaka
	Mailing Address			┤ └ ┻┛ └ ┻┻┻┛
	Walling Address			
	City	State	Zip Code	Amount of Each Receipt this Period
	•			
	Name of Employer or Principal Place of Business			
	Occupation			Aggregate Year-to-Date
	Occupation			
	Full Name (Last, First, Middle Initial) / Full Organization	on Name	·*····	Date of Receipt
D.	The state (, such as a			Mark / Dab / Yayaya
				
	Mailing Address			
	City	State	Zip Code	Amount of Each Receipt this Period
	•		•	
	Name of Employer or Principal Place of Business			
	Daniel			Aggregate Year-to-Date
	Occupation			
۰	UBTOTAL of Receipts This Page (optional)			2500
	COTOTAL OF NECERPLE THIS Fage (Optional)			
т	OTAL This Period (last page this line number only)			2500

2 0 1 6
<u>0</u> 2
<u>0</u> 9
9
00004
9446

SCHEDULE L-B (FEC Form 3X) ITEMIZED DISBURSEMENTS OF LEVIN FUNDS

Use separate schedule(s) for each category of the Aggregation Page

FOR LINE NUMBER: PAGE OF

(check only one)

4a 4c 5

4b 4d

OF LEVIN FUNDS	Aggregation Page	4b 4d
Any information copied from such Reports and Staten or for commercial purposes, other than using the name		
NAME OF COMMITTEE (IN FUII) NUCLA VOTES GOP		
Full Name (Last, First, Middle Initial) / Full Organiz A. POUNCEY, MAPCUS, A	ation Name	Date of Disbursement
Mailing Address MITH STREET NE		
FOME	State Zip Code 30(61	Amount of Each Disbursement this Period
Purpose of Disbursement NONE AS OF THIS DATE		
Full Name (Last, First, Middle Initial) / Full Organiz B.	ation Name	Date of Disbursement
Mailing Address		
City	State Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		
Full Name (Last, First, Middle Initial) / Full Organiz	zation Name	Date of Disbursement
Mailing Address		M / B b / V V V V
City	State Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		
Full Name (Last, First, Middle Initial) / Full Organiz	zation Name	Date of Disbursement
Mailing Address		
City	State Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		
Full Name (Last, First, Middle Initial) / Full Organiz	zation Name	Date of Disbursement
Mailing Address		
City	State Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		
SUBTOTAL of Disbursements This Page (optional)		0.00
TOTAL This Period (last page this line number only)		0,00

FEDERAL ELECTION COMMISSION

999 E STREET, NW WASHINGTON, DC 20463

2016-02-09-05-00049447

LEC HAND CENTER RECEIVED TRESSENTER \$1.045 US POSTAGE FIRST-CLASS 071S00729341 30161 300040785

ENVELOPE REPLACE		sion COMING DOCUMENTS indicate how it was received.
Hand Delivered		Date of Receipt
USPS First Class Mail	Postmarked N N N E	Date of Receipt
USPS Registered/Certified		Postmarked (R/C)
USPS Priority Mail		Postmarked
USPS Priority Mail Express	5	Postmarked
Postmark Illegible		
No Postmark		
Overnight Delivery Service	(Specify):	Shipping Date
	Next	Business Day Delivery
Received from House Received	ords & Registration Off	Date of Receipt ice
Received from Senate Pub	lic Records Office	Date of Receipt
Received from Electronic F	iling Office	Date of Receipt
Other (Specify):	7	Date of Receipt or Postmarked
		
(3/2015)		DATE PREPARED